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| ROUTE ORDER AMENDMENT | | | | 1. DATE OF REQUEST (YYYYMMDD) | |
| PART I - REQUEST FOR AMENDMENT | | | | | |
| 2. TO: (MTMC routing authority) | | | 3. FROM: (Name, address and ZIP code of requesting agency) | | |
| 4. ROUTE ORDER NUMBER | 5. IDENTIFICATION NUMBER (Requesting agency) | | 6. TYPE OF MOVEMENT (X) | | |
| | | | <input type="checkbox"/> RAIL | <input type="checkbox"/> MOTOR | <input type="checkbox"/> OTHER |
| 7. CONSIGNOR (Show actual shipper) | | | 8. CONSIGNEE (Name and address) | | |
| 9. ORIGINAL CARRIER(S) | | | 10. AMENDED CARRIER(S) | | |
| 11. ORIGINAL SCHEDULED DEPARTURE DATE (YYYYMMDD) | 12. VESSEL INVOLVED (X) | | 13. AMENDED DEPARTURE DATE (YYYYMMDD) | | 14. DATE VESSEL COMES ON BERTH (YYYYMMDD) |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |
| 15. COMPLETE COMMODITY DESCRIPTION | | | | | |
| 16. REMARKS (Reason for amendment) | | | | | |
| 17. REQUESTER | | | | | |
| a. TYPED NAME (Last, First, Middle Initial) | | b. TITLE | | c. TELEPHONE NUMBER (Include Area Code) | d. SIGNATURE |
| PART II - CONFIRMATION OF AMENDMENT | | | | | |
| 18. TO: (Requesting agency) | | | 19. FROM: (MTMC routing authority) | | |
| 20a. ROUTED BY (Name of MTMC technician) | | b. TELEPHONE NUMBER (Include Area Code) | | 21a. CONFIRMED BY (Name) | |
| | | | | b. TELEPHONE NUMBER (Include Area Code) | |
| 22. DATE ROUTING COMPLETED (YYYYMMDD) | | | 23. DATE OF CONFIRMATION (YYYYMMDD) | | |
| 24. REMARKS (Rate/Route - Tariff/Tender authority) | | | | | |
| 25. ISSUING OFFICER | | | | | |
| a. TYPED NAME (Last, First, Middle Initial) | | b. TITLE | | c. TELEPHONE NUMBER (Include Area Code) | d. SIGNATURE |